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TRANSMITTAL		Application Number	10/622,631						
		Filing Date	July 21, 2003						
FORM		First Named Inventor	Manuel R. SILVA, Jr.						
		Art Unit	3752						
(to be used for all correspondence after initial filing)		Examiner Name	D. W. GORMAN						
Total Number of Pages in This Submission 41		Attorney Docket Number	34008:E/1-US (-060US)						
ENCLOSURES (Check all that apply) After Allowance Communication to TC									
Fee Transmittal Fo		Drawing(s) Licensing-related Papers			I Communication to Board eals and Interferences				
Extension of Time Express Abandoni Information Disclo Certified Copy of F Document(s) Reply to Missing F Incomplete Applica Reply to M	declaration(s) Request ment Request sure Statement Priority Ref	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Address	(Appea Proprie Status	Enclosure(s) (please Identify				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name PROSK	AUER ROSE LLP			_					
Signature (REG. No. 53, 964) fer.									
Printed name David V	V. Laub	\mathcal{V}		,					
Date Octobe	r 24, 2008		Reg. No.	38,708					
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Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Acto f 1995 no persons are required to respond to a collection of information unless itd isplays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/622,631 FEE TRANSMIT Filing Date July 21, 2003 For FY 2009 First Named Inventor Manuel R. SILVA, Jr. Examiner Name D. W. GORMAN Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3752 TOTAL AMOUNT OF PAYMENT 180.00 34008:E/1-US (-060US) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-5834 Deposit Account Name: Proskauer Rose LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 220 270 110 Design 220 110 100 140 50 70 220 Plant 330 170 110 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 52 26 220 110 Each independent claim over 3 (including Reissues) 195 Multiple dependent claims 390 Extra Claims **Multiple Dependent Claims Total Claims** Fee Paid (\$) Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets Fee (\$) ___ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement (\$180) \$180.00

SUBMITTED BY	\sim				
Signature	116/2	the	(REG. No. 53964	Registration No. (Attorney/Agent) 38,708	Telephone (202) 416-6800
Name (Print/Type)	David W. Lau	ıb '/	• /		Date October 24, 2008

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